

471-000-520 Nebraska Medicaid Fee Schedule for Clinical Lab

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 18.

**PLEASE NOTE: RATES DO NOT REFLECT AN INCREASE FROM THE PREVIOUS FEE SCHEDULE
AS THERE WERE NO RATE INCREASE APPROPRIATIONS FOR THIS STATE FISCAL YEAR**

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT). CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT numeric identifying codes for reporting medical services and procedures.

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The Schedule includes only CPT numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT outside the Schedule should refer to CPT. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

No codes, fee schedules, basic unit values, relative value guides, guidelines, conversion factors or scales are included in any part of CPT. The AMA assumes no liability for the data contained herein.

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The annual CMS updates are released each December and become effective on January 1 of the following year. The 2026 CMS Clinical Laboratory Fee Schedule is being reimbursed at one hundred percent (100%) effective January 1, 2026.

All other allowable laboratory procedure codes (anatomical laboratory services) will remain a part of the Physician Services Fee Schedule released July 1 of each year. The clinical laboratory fee schedule will also be incorporated into the Physician Services Fee Schedule.

Nebraska Medicaid payment is the fee schedule allowable. Nebraska Medicaid payment is the lower of the fee schedule allowable or the provider's submitted charge. The provider's submitted charge must reflect their charge to the general public.

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.